



CHILD INJURY PREVENTION

Programming and Action Guide



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For those who work with children and parents

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This resource was developed for community-based programs to use in their work with families to help prevent child injury. This resource will also be of interest to public health professionals, early childhood educators, daycare providers, and others working with caregivers and children.

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Throughout this document, the term “caregiver” refers to parents, grandparents, foster parents, and anyone else responsible for the care of children. The children referred to in this document are, for the most part, 6 years of age and younger.

Welcome to the

Child Injury Prevention

Programming and Action Guide

The information in this guide applies to the prevention of unintentional injuries only, not those caused by violence.

What will you learn?

- Why injury prevention is important
- How to identify injury patterns
- Why children are more at risk of injury
- How to choose an injury issue to address
- How to start conversations about injury prevention in your community
- How to develop your program and evaluation plans
- How to build upon your work plan to affect policy change
- How to develop and implement your own injury prevention strategy

Recognizing strengths

Many of you work in programs that are already designed to reduce child injuries. Addressing the social determinants of health and protective factors will help you continue to decrease childhood injuries.

Here are some of the ways that your agency or community may be addressing risks of childhood injury:

- Helping to improve the daily living conditions and coping mechanisms of families, caregivers, and staff can enhance a child’s healthy development and, thus, reduce the likelihood of injury.
- Helping caregivers understand what the risks and hazards are at various developmental stages of childhood and the actions they can take will help to minimize the hazards in their own environments (e.g., the use of safety gates at the top and bottom of stairs).
- Promoting various types of safety equipment can reduce the chance of injury (e.g., the promotion of the correct installation and use of child passenger restraints, the promotion of bike helmet use).

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Part 1



Convincing People to Act

Why is injury prevention important?

Injury prevention is important because the majority of injuries are predictable and preventable. To be effective at injury prevention, we need to recognize that injuries are avoidable and that we can take action to keep children safe. Injuries are not accidents, inevitable, or part of our fate and destiny. The belief that we have no control over injuries is not true and can be used as an excuse not to take preventive action.



Injuries remain the leading cause of death and hospitalization for children in Canada. Saskatchewan has a particularly high rate of child injury. Taking action is important for the health and well-being of children.

There are many human and economic costs associated with child injuries in Saskatchewan. The human costs are both physical and emotional and are felt by individuals, families, communities, and society. The economic costs include direct expenses to the healthcare system, as well as indirect costs that result from lost productivity for adults (e.g., parents not being able to work while their child is recovering) and for the child in terms of future contribution to society, if the injury is life-altering.

Child injuries in Saskatchewan

Hospitalization data provided by the Canadian Institute for Health Information (CIHI) provides insight into the number of children being injured in Saskatchewan. The following table illustrates the leading causes of injury-related hospitalization for children in Saskatchewan under the age of 9.

Documented injuries are injuries that result in hospitalizations. Injuries that are treated in the emergency department, walk-in clinics, doctors' offices, or at home are not included in these statistics.

TABLE 1

Number of hospitalizations by unintentional injury cause, in Saskatchewan from 2004-2013, for children birth – age 9.

	Age <1	Age 1-4	Age 5-9	Total of ages <1-9	Percentage of all injury hospitalizations by cause to children birth to age 9
Falls (excluding sport)	243	963	839	2045	32.6
Playground falls	*	175	700	875	13.9
Unintentional poisoning	46	572	80	698	11.1
Sports-related	*	41	177	218	3.5
Cycling traffic and non-traffic	0	35	169	204	3.2
Fire and burns	26	121	44	191	3.0
Motor vehicle occupant	12	71	83	166	2.6
Pedestrian traffic and non-traffic	0	66	74	140	2.2
Suffocation	44	47	8	99	1.6
ATV non-traffic	0	21	60	81	1.3
Other (includes all other unintentional causes of injury, Undetermined intent, Other/ unspecified, Additional Reporting, Not Reported)	178	795	589	1562	24.9
Total	549	2907	2823	6279	100.0

Notes:

- This data set does not include Saskatchewan residents who were hospitalized outside the province of Saskatchewan.
- Data provided by the Canadian Institute for Health Information (CIHI).
- Based on CIHI security policy, all counts less than 5 were replaced by *. Therefore, the true total is higher than what is reported here.

Death data retrieved from e-Health Saskatchewan provides insight into the number of unintentional injury-related deaths of children in Saskatchewan to the age of 9. There were 122 unintentional injury-related deaths during 2004-2013 for Saskatchewan children 9 years old and younger.

On average, approximately 628 children under the age of ten in Saskatchewan are hospitalized every year due to an unintentional injury.

If you would like more information about child injury in Saskatchewan, including up-to-date statistics, please see the Saskatchewan Prevention Institute website (search for resource #4-007 for *Child and Youth Injury in Saskatchewan 2004-2013*).

Costs of injury

In 2010, the cost of all injuries (adult and child) to the province of Saskatchewan was \$1.1 billion (Parachute, 2015). This amount includes direct costs to the healthcare system, as well as indirect costs that result from things such as lost productivity for adults and loss of future productivity for children. It is important to take into account the impact each injury has on the individual, family, and community. Not all of these costs can be measured financially. These impacts include the effect of the injury on the person's emotional, mental, social, and spiritual well-being.

The story of one boy's injury (Retrieved and adapted from: <http://www.phac-aspc.gc.ca/ph-sp/determinants/determinants-eng.php>, May 5, 2017)

"Why is Jason in the hospital?"

Because he has a bad infection in his leg.

"But why does he have a bad infection in his leg?"

Because he got a cut on his leg, and the cut is now infected.

"But why does he have a cut on his leg?"

Because he was playing in the park by his apartment building. He fell on some sharp jagged steel.

"Why was there a piece of sharp jagged steel in the park?"

Because his neighbourhood is kind of run-down. No one was there to supervise him or to remove the jagged steel from the park.

"But why does he live in that neighbourhood?"

Because his parents cannot afford to live in a nicer neighbourhood.

"And why was no one supervising him?"

Because his dad is sick, and his mom is working two jobs.

"Why is his mom working two jobs?"

Because she doesn't have much education and has to work two low-paying jobs to make ends meet.

"But why ...?"

Please remember Jason as you work through this guide.

Part 2



What is Injury? Identifying Injury Patterns

What is an injury?

An injury is damage to the body. It may be visible (e.g., a cut) or invisible (e.g., a concussion). Injuries are caused when too much or too little energy is transferred to the body. There are many different kinds of energy that cause injury (see table on page 9).



Injuries are NOT accidents

Most injuries are caused by events that are predictable and preventable. It is important that you think about the language that you are using when referring to how an injury occurred. Using the term “accident” suggests that nothing could have been done to prevent the injury.

Injury components

Every injury involves the following five components:

1. **Cause:** The cause of the injury is whatever caused the damage to the person’s body. The damage is a result of a transfer of energy at a level that the body cannot tolerate. Understanding the role of energy in injury helps to focus prevention efforts to make sure that the energy transfer cannot happen or cannot do damage if it does happen. The chart on the following page provides more information.

Most injuries are caused by events that are predictable and preventable. It is important that you think about the language that you are using when referring to how an injury occurred.

Causes of Injury	Definition of Energy Type	Examples of Energy Transfer
Mechanical energy	Energy that is transferred through motion.	Crashes, falls, assaults, being struck by an object
Thermal energy	Energy that is transferred through heat.	Burns from hot objects, fire, scalds from hot liquids
Chemical energy	Energy created by a chemical reaction.	Poisoning, burns from chemicals on the skin or internal burns from swallowing chemicals or objects containing chemicals
Electrical energy	Transfer of electrical energy to the body where: a) the body becomes part of the electrical circuit; b) the the skin is burned but electricity doesn't travel through the body; c) things on or close to the body catch fire; or d) electrical energy passes over the body in a rapid, high voltage.	Contact with live wires or electrical sockets, lightning
Radiation	Energy that is from the sun or other ionizing radiation such as tanning beds, x-rays, nuclear plants.	Sun burn, overexposure to external sources of radiation
Exposure to excessive cold or heat	The human body works to maintain an internal temperature of 37°C (98.6°F). To adapt to excessive cold or heat, the body must adjust its internal temperature. Sometimes, the adjustment is too much and can't be tolerated by the body. Injury is the result.	Frostbite, heat exhaustion and heat stroke (both too much or too little heat can lead to death)
Lack of oxygen	The brain needs oxygen to survive. If the brain is deprived of oxygen for too long, the result may be life-long disability or death.	Choking, drowning, strangulation



2. **Intent:** Injuries can be categorized as intentional or unintentional.
- Intentional injuries include suicide and self-harm, homicide, assault, and child abuse/neglect.
 - Unintentional injuries are those that occur without intent to harm oneself or others (e.g., injuries from motor vehicle collisions, falls, drowning, and burns, among others).

3. **Location:** Location refers to where the injury occurred. Injuries can happen anywhere. Examples include:
- At home
 - On the road
 - In the water
 - At work
 - At school
 - At the playground
 - At a sports complex



4. **Nature:** The nature of the injury refers to what actually happened to the injured person, including the short- and long-term impacts. Brain and spinal cord injuries, cuts, fractures, sprains, and strains are all examples of the nature of injury.

5. **Severity:** It is important to measure the severity of an injury. Minor injuries are those that do not need treatment or can be self-treated, such as a bruise. Major injuries are those that result in hospitalizations, short- or long-term disability, or death.

Below is a list categorizing injury from **least** to **most** severe:

- Not treated/self-treated
- Treated at physician's office
- Emergency room visit
- Hospital admission
- Severe trauma
- Fatality (death)



Tools to use to study an injury

A way to identify injury patterns is to use tools from the injury prevention field. In addition to identifying injury patterns, these tools help to identify risk and protective factors. Knowing the risk and protective factors and the patterns of risk will help to guide prevention activities. There are two major tools to use:

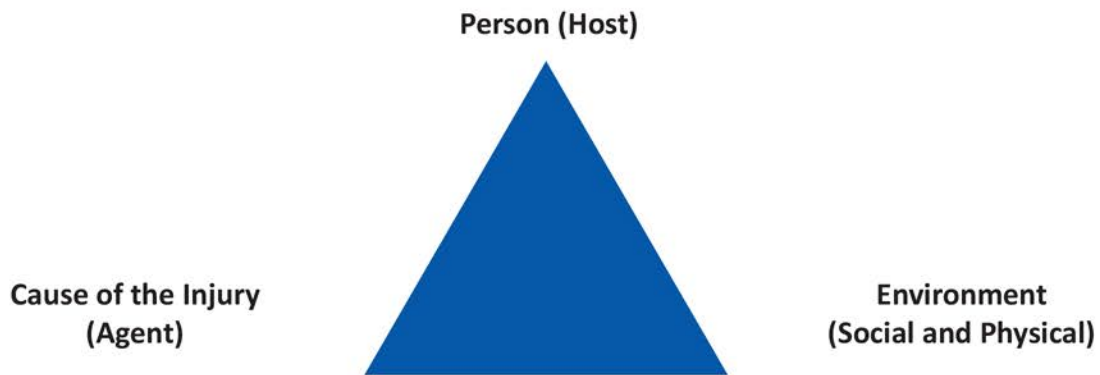
- Injury Triangle: host, agent, and environment
- Haddon's Matrix

Key elements of injury: The injury triangle

Any injury event has three key elements:

- Host – the person who was injured
- Agent – how energy was transferred to the body
- Environment – where the injury occurred and in what circumstances; includes both the social and physical environment

There has to be a connection among all three components in order for an injury to occur. Injuries are prevented by breaking a connection within the triangle.



Example: Remember Jason? He is 5 and playing at the neighbourhood park without adult supervision. As he is playing, Jason trips on a jagged piece of steel. Jason has an open wound and is crying. The kids he is playing with run to find an adult in the neighbourhood. The neighbour takes Jason home to his father where his wound is left untreated. Jason's father was too ill to take him to the hospital, and his mom is at work.

The child, an unsafe physical environment with exposed jagged steel, and no direct adult supervision made it possible for an injury to occur.

- The child, Jason, represents the host.
- The jagged steel represents the agent.
- An unsafe playground and the lack of adult supervision and adult response represent the environment.

Time sequence of an injury

Injury happens in one quick moment. It is important to think about what happens before the event, during the event, and after the event. For the example of Jason and the jagged steel, this can be broken down as follows:

- Before the event – jagged steel in the park; child is unsupervised
- During the event – Jason gets a cut from the jagged steel
- After the event – neighbour takes Jason home, but Jason receives minimal treatment; no action taken to clean up the playground

Haddon's Matrix: Table of injury factors involved in the injury event

Haddon's Matrix helps one consider the components of the injury triangle as explained above, along with the time sequence of events involved in an injury. It is important to consider what was happening before the injury occurred, what happened at the time of the injury, and how the injury was responded to by the host (person injured) and others, such as bystanders, emergency responders, and so on.

Haddon's Matrix			
	Host (person injured)	Agent (energy transfer)	Environment (physical-social)
Pre-event (Before the injury)	Jason is near the agent; Jason is 5 years old and at the playground without supervision	Jagged steel in park	Jason is unsupervised by an adult in park; playground is run-down; Jason's father is ill and mother at work
Event (At the time of the injury)	Jason is unaware of hazardous object or doesn't recognize the harm it may cause him	Jason trips on jagged piece of steel and the steel cuts him	Jason unsupervised in park; no immediate care provided; only children nearby so there is a time delay in getting help
Post-event (After the injury)	Jason is taken home but not treated by a medical professional; Jason's overall health may determine his healing progress	Contamination on steel may cause infection to set in; is jagged steel removed from playground?	Neighbour takes Jason home; Jason is not provided care for his open wound; does the park continue to be unsafe?

Part 3



Why are Children More at Risk for Injury?

Children and injuries

In Saskatchewan, children aged 6 and younger experience unintentional injuries at a rate higher than children 6 and younger in other provinces in Canada. There are a variety of factors that contribute to child injury; fortunately, many of these factors are predictable and preventable. It is important that prevention of injuries to children is a priority of individuals, agencies, and local and provincial governments in Saskatchewan.



Child development: Reasons why children are more at risk for injury

Physical development

There are a number of reasons why children's physical development must be considered when discussing injuries to young children. Children are not "small adults". The following is a list of examples of the ways in which children differ from adults. These differences can cause children to be at increased risk for injury or worse outcome due to injury.

- Children's heads make up a larger proportion of body size than adults' do. This larger head size means the head can be more easily injured in falls, car crashes, or other incidents.
- Children's ribs do not fully cover the lower abdomen. This can result in damage to the liver and spleen.
- Children have a lower blood volume than adults. A small amount of blood loss can be dangerous for children. Children can go into shock if they do not have enough blood to circulate to all parts of the body.
- Children's airways are smaller than adults and, therefore, airway can be obstructed more easily.
- Children breathe more rapidly than adults and so can be affected more quickly by poisons in the air.
- Children have thinner skin than adults and a proportionately larger body surface area (amount of skin compared to body weight). Poisons can absorb through the skin and skin can burn more quickly in children.
- Children have a larger body surface area in comparison to adults and can lose fluid quickly. Dehydration is a concern.

- Children’s bones are flexible because the ossification (hardening) process is not complete. Therefore, most fractures of children’s bones occur near the ends of the bones, near the growth plate.
- As children develop, so does their physical coordination. Injuries may occur as a result of children not yet being coordinated enough to manage the tasks they are attempting.

Developmental milestones

Injuries often happen when a child reaches a developmental milestone that parents are unaware of and/or unprepared for (e.g., rolling over, standing up, learning to grab). Understanding the basics of child development and anticipating a child’s next developmental milestone before it happens can help reduce the risk of injury. Caregivers can adjust the environment and/or their own behaviour to provide a safer environment (e.g., removing sharp and breakable objects within reach of children, and using a bed rail during nap and bedtime).

Problem-solving skills

Problem-solving skills such as recognizing hazards, assessing risk, and determining a course of action can be difficult for children because their brains have not developed to the point at which they are able to make those judgements. Children need adults to help them problem-solve to stay safe. For example, young children may not be able to recognize the risks of playing on broken playground equipment.

Supervision

Injuries often happen when caregivers are not directly supervising children. Direct supervision means that the caregiver is within arm’s reach and is looking at the child. The younger and/or more impulsive the child, the more important it is to stay within reach of the child so the caregiver can move quickly to stop an injury-risk behaviour. Caregivers need to balance the need to keep environments hazard-free with allowing children to explore, learn new skills, and test their own limits. Parents who are attuned to their children’s development will know when it is safe to give more freedom. As children age, their parents’ direct supervision of them will decrease. Children who are becoming independent will follow the examples of their role models (parents, other caregivers, siblings, friends) and the lessons learned from them in making decisions regarding their own risk-taking.

1. **Effective supervision** can change depending on the setting and the ages and individual needs of the children. Supervision evolves as the child grows and develops. Effective supervision means the right combination of physical closeness to the child and attention to what the child is doing.
2. **Teaching safety skills** does not replace supervision. Until children are completely competent in understanding and following safe practices, caregivers must continue to supervise.
3. **Sibling supervision** is not as safe as supervision by adults. Older children may not be competent in understanding and following safe practices. Younger children do not always comply with sibling requests and direction.

A note on active play

Active play helps children learn risk perception and risk management skills. These are important in developing an understanding of how to make decisions, navigate risks, and avoid injuries.

Children need to test their limits to learn new skills. It is important that the child feels like he is making the decision to engage in an activity that he perceives contains some risk. There are ways of keeping an environment safe while still letting children learn through trial and error. Children need to develop and grow in a safe environment in which they sometimes have control over their own decisions.

Perceptions of risk will be different for different children, and will change as the child develops physical and cognitive abilities. As caregivers play with or watch their child play, they will learn the child's level of ability and support the child to take on increasing challenges to help master various skills. Caregivers will learn whether the child wants them within arm's reach or observing from a safe distance.

RISK: A situation in which a child is exposed to danger.

HAZARD: The thing that can cause harm or damage.

In Jason's story, the risks are that he is at the playground, unattended by adult supervision, and that he is not yet mature enough to make good judgements about his safety. The hazard is the jagged piece of steel.

Hazards and risk factors

There are many hazards and risk factors that contribute to an individual's risk for injury, especially children. Many of the hazards are environmental and it may seem that they are easily remedied. Remember, this guide focuses on children from birth to age 6. Therefore, the risk and protective factors apply to both the children and their caregivers.

The following are examples of risk factors for several causes of injury.

Road safety:

- Poor conditions on roads, including city streets and rural roads
- Lack of skills, intoxication, and/or inattention of driver, cyclist, pedestrian
- Lack of helmet and seatbelt use
- Lack of streetlights or sidewalks
- Use and availability of higher-risk vehicles (e.g., ATVs, snowmobiles)



Drowning:

- Lack of personal floatation device (PFD) use
- Extremely cold water
- Lack of parental supervision
- Swimming alone or inability to swim



Fire:

- Substandard electrical wiring
- Housing built with poor quality materials and not maintained
- Lack of smoke alarm use
- No fire escape plan
- Improper disposal of cigarettes and matches

Falls:

- Use of improper footwear
- Poor lighting in home
- Patches of ice on walkways
- Lack of safety devices, such as safety gates
- Attempting activities without appropriate training or skills
- Lack of supervision



Poisoning:

- Having poisonous products (including plants) or medications and vitamins within a child's reach
- Leaving children unsupervised where poisons are accessible

Protective factors

Protective factors represent the influences, circumstances, and behaviours in people's lives that contribute to positive development and help prevent negative behaviours and outcomes. The following factors can help to protect children from injury.

Environmental factors:

- Well-maintained infrastructure, such as sidewalks, roadways, public lighting
- Proper and well-maintained space for recreation and play
- Well-maintained housing
- Consistent and correct use of safety equipment, such as car seats, helmets, safety gates, pool fencing

Interpersonal and social factors:

- Consistent parenting
- Healthy relationships with family (parents, children, partners)
- Clear family rules and expectations
- Parental employment
- Social support
- Access to social activities
- Healthy community norms and values
- Involved neighbourhood/community
- Relationships with others in the community
- High commitment to school attendance and completion
- Supportive school environment with clear rules
- Opportunities for education

Individual factors:

- Social skills
- Problem-solving skills (ability to assess risk)
- Positive attitude
- Good self-esteem
- Resiliency skills*

*Note: "Resiliency skills involve attitudes, coping strategies, and adaptability. People who are resilient believe they can overcome difficult situations. They can be optimistic, meaning they have the confidence and hope that whatever the problem is, they can overcome (Health Canada, 2008, p. 34)."

It is important to be aware and understand the complexity of the risks for injury. Remembering Jason's story will help you to understand that many risks are connected to the social determinants of health.

Social determinants of health

The primary factors that shape the health of Canadians are the living conditions they experience. These conditions have come to be known as the **social determinants of health**. These factors are the links between an individual's environment, health, and risk for injury. Examples of how the social determinants of health can increase risk to injury are described below.

- **Housing:** Injuries may occur if the house has safety hazards such as poor lighting, exposed wires, and/or faulty fire/carbon monoxide detectors. Injuries may also occur if the house is not reasonably organized and has not been child-proofed.
- **Unemployment and job security:** After an injury has occurred, access to extra benefits may be limited when caregivers are unemployed or lack job security. Recovering from an injury may be compromised when an individual cannot follow recommended treatment due to these barriers (e.g., not being able to access physical therapy to regain strength or fill prescriptions to relieve pain or infection).
- **Income and social status:** Both of these factors determine whether a family can access safe housing, appropriate safety products (baby gates, car seats, helmets, fire detector/batteries), and child care that will provide the supervision that a child needs.
- **Education and literacy:** Individuals may not be aware of risks and hazards that contribute to injuries or be aware of child development (see section above for more information about the relationship between child development and injury). An individual's level of literacy may also determine whether a person can read safety instructions and other information related to safety.
- **Gender:** Boys participate more often than girls in risk-taking behaviours. Boys have a higher hospitalization rate than girls, due to injury.



- **Health services:** Access to health services can also affect the outcome of injury to children. Access not only refers to the availability of required services (e.g., emergency response time in rural locations), but also services delivered at the point of care (e.g., whether a tertiary care facility is located close by). Lack of access becomes a barrier to treatment if injuries occur. If health services are expanded to health promotion and primary prevention, then access to relevant and meaningful information and education are important aspects in the prevention of injury for adults and children.
- **Social support networks:** Having the support of family or friends helps families provide the supervision that children need.
- **Food insecurity:** Good nutrition is necessary for growth and development, learning, and for overall well-being. Good physical health and a strong body can help to mitigate the outcome and speed healing in the case of an injury.
- **Personal health practices and coping skills:** Healthy behaviours can help prevent diseases and reduce risks to injury. Coping skills help individuals overcome challenges and develop resilience. Parental guidance on safe risks and their supervision of young children are important for the reduction of injury.

Something to think about ...

Going back to Jason’s story, we can identify the risk and protective factors.

Possible risk factors:

- Living in a run-down neighbourhood
- Not understanding the hazards
- No adult supervision

Possible protective factors:

- Social support, such as relationships with neighbours
- Resiliency skills

Possible social determinants of health that relate to the story:

- Income: unable to live in a safer neighbourhood
- Social support networks: neighbours and friends that help Jason get home after his injury
- Social and physical environment: supportive neighbour and friends, living in a run-down neighbourhood
- Gender: typically boys have higher injury rates than girls
- Health services: availability of health services can impact how quickly someone receives help

Can you see how these factors would determine whether the families you work with are at an increased risk for injury?

Part 4



Injury Prevention Strategies

What is injury prevention?

In Saskatchewan, child injury prevention includes the development and implementation of strategies, policies, or programs focused on increasing the protective factors or reducing the risk factors/hazards for injury. Injury prevention focuses on reducing the chance of an injury happening, reducing injury severity when it does happen, or reducing the long-term effects of an injury after it happens.

Spectrum of Prevention

The Spectrum of Prevention is a framework promoted by the Prevention Institute of Oakland, California (www.preventioninstitute.org) that allows the user to consider comprehensive approaches to the prevention of injury. The Spectrum has six levels and each level addresses the injury issue in a different way.

Level	Definition	Example
1. Strengthening individual knowledge and skills	Enhancing an individual's capability of preventing injury and promoting safety	Learning how to safely install a car seat
2. Promoting community education	Reaching groups of people with information and resources to promote health and safety	Presenting poison safety information to a parenting class
3. Educating providers	Informing providers who will transmit skills and knowledge to others	Conducting car seat technician training
4. Fostering coalitions and networks	Bringing together groups and individuals for broader goals and greater impact	Forming an advocacy group to address road safety in the local community
5. Changing organizational practices	Adopting regulations and shaping norms to improve health and safety	Daycare bans the use of objects containing button batteries
6. Influencing policy and legislation	Developing strategies to change laws and policies to influence outcomes	Advocating for the implementation of provincial bicycle helmet legislation

Injury prevention strategies can focus on individuals, families, communities, or large-scale regions such as provinces or territories. Most community organizations concentrate on the first three groups; however, some address issues on a regional or provincial/territorial scale through provincial coalitions.



Effective ways to prevent injuries

Injury prevention 'E's

- 1. Education:** Teaching someone how to prevent an injury (e.g., providing instruction on the proper installation of child passenger restraints). Education is an essential part of every strategy, but on its own, it isn't very effective. Often, policymakers and the general public need education before they will take action.
- 2. Environment:** Changing the environment to prevent an injury (e.g., putting a fence with automatically locking gates around a pool decreases the risk of drowning). Changing the environment is the most effective strategy because once it is in place, people do not have to make big decisions regarding their safety. The downside of this approach is that it takes time and is costly.
- 3. Engineering:** Engineering is involved in the development of many safety features that we now take for granted. Vehicles, car seats, highways, cribs, high chairs and many other things have an element of safety that has been engineered into them. Some engineered safety features rely on individuals to take action (e.g., vehicle seat belts) and some do not (e.g., airbags).
- 4. Enforcement:** Creating policy or laws that require people to take steps to prevent injury or minimize the potential impact of an injury (e.g., booster seat legislation). Enforcement is not the responsibility of government alone. Enforcement can also happen at home, at school, and at other community organizations. (e.g., it is the family rule that bicycle helmets are worn on every ride).
- 5. Economics:** There are both financial incentives and disincentives regarding prevention of injury. Fines for breaking the law are disincentives; reduced insurance premiums are incentives.

Active vs. passive injury prevention strategies

Both active and passive strategies should be considered when developing injury prevention programs. Both are effective and, in many cases, both are needed.

Active: Active injury prevention strategies are those in which a person has to physically do something to prevent injury.

- **Examples:** Putting on a seat belt; placing safety gates at the top and bottom of stairs.

Passive: Passive injury prevention strategies are those for which a person doesn't have to do anything – the protection is built in.

- **Examples:** hard-wired smoke alarms in apartments that do not require tenants to change batteries; modern crib slats are the correct distance apart to prevent entrapment and strangulation.

Now that we have covered injury prevention basics, we will use this information to create an effective program plan.



Part 5



What Injury Issue Should be Addressed?

What injuries are happening in your community?

If you are unaware of injuries that are happening in your community, consider asking caregivers the following questions about injuries and injury prevention.

- How do children get injured at home? Have you heard stories about these injuries, or perhaps about near-misses (i.e., something occurred that prevented the injury even though it just about happened)?



- Do you have any concerns about keeping your children safe at home?
- Are there particular types of injuries that you worry about? (Depending on the answer, choose one and talk about what they know about that injury.)
- What are some ways that you can think of to prevent that injury?
- Are these solutions easy or hard and why?
- Are there costs involved? (Brainstorm the barriers that prevent caregivers from reducing the risk of the injury.)

Putting it all together: A step-by-step example of a program plan

The following is one example of a potential injury risk and how it can be addressed to reduce the risk.

Step One

Identify the issue: What is the problem or issue you want to address?

- Saskatchewan toddlers and young children to the age of 6 years are being unintentionally poisoned by laundry pods in the home.

Step Two

Define the problem: Next, you need to define the problem by answering the following questions:

- Who is being injured? (i.e., host)
 - ◆ Children under the age of 6 are being unintentionally poisoned. Children are affected because they are putting laundry pods in their mouths and swallowing the contents. This can lead to vomiting, coughing/choking, and drowsiness. Children may also experience comas, seizures, breathing problems, or stomach burns. The liquid from the pods can also cause eye irritation or eye pain.

- Who else is affected by the problem and to what degree?
 - ◆ Parents are affected in a variety of ways including emotionally (e.g., fear, guilt) and financially (e.g., missed work due to child's injury).
 - ◆ Extended family members, such as siblings and grandparents, could be affected emotionally and financially.
 - ◆ Healthcare system is affected due to the child's need to access health services.
- When do the injuries happen?
 - ◆ Injuries are happening while caregivers are preoccupied, distracted, or unable to give full supervision.
- What are the circumstances leading to the injury?
 - ◆ Laundry pods are being stored in places that the children can reach. The laundry pods are attractive, brightly coloured, and look like toys or candy.
- Where are the injuries happening? (i.e., environment)
 - ◆ The injuries are happening in the home, particularly in the laundry room or where the laundry pods are stored.
- How are the injuries happening? (i.e., agent)
 - ◆ Children are swallowing or breaking the laundry pods.
- What are possible reasons for why children are experiencing injuries due to exposure to laundry pods?
 - ◆ The laundry pods are not being stored out of reach of children.
 - ◆ Parents are not aware that children see laundry pods as candy or toys. Parents don't realize the importance of storing the laundry pods places where children cannot see or reach them.
- Who is your target audience? List your target audiences and what you want them to do (change behaviour, take action, make different decisions).
 - ◆ The target audience may be young children and their parents, educators, and laundry detergent companies.

Analyze your target audience: What do we know about them?



Questions to Consider	Sample Answers
<p>What do we know about those who have adopted the desired behaviour already? (age, gender, rural/urban, social status, level of education, occupation, family status, etc.)</p>	<p>Those that have stored the laundry pods out of sight and reach of children or have chosen a different detergent alternative tend to be better educated, employed, and have only two children.</p>
<p>What do we know about those who have not? (age, gender, rural/urban, social status, level of education, occupation, family status, etc.)</p>	<p>These caregivers tend to be less educated, under or unemployed, or have more than two children.</p>
<p>How will our target audience benefit by adopting the new behaviour?</p>	<p>When the target audience is educated about the risks associated with laundry pods and takes corrective action to store them out of sight and reach, they will know that their children will be less at risk for poisoning and other injuries that result from contact with poisonous materials. They will not constantly worry about their children accessing the poisonous material.</p>
<p>What barriers (real or perceived) exist to adopting the recommended behaviour(s)?</p>	<p>Lack of education and awareness, money for safety products (e.g., latches on cupboard doors), no safe place to store the laundry pods, time to child-proof the home.</p>
<p>Who is the target audience most likely to listen to? Who do they find credible? Who will influence their decisions?</p>	<p>Caregivers listen to other caregivers, their own parents, their doctors, and the staff at daycare and other trusted community-based organizations.</p>
<p>What types of media can we use to reach the target audience? Where do they get their information?</p>	<p>We can use newsletters, posters, workshops, training sessions, emails, and mass media. We can advertise in grocery stores by the laundry detergent, in the local newspaper, and through Facebook.</p>
<p>Where does the target audience already gather? Where should we go to reach them?</p>	<p>They gather at parenting groups, other training sessions, the local library, and regularly go to the grocery and drug stores. We can use Facebook and mass media, but also go to the places listed above with information and suggestions for prevention.</p>

Step Three

Desired behaviour or action: What is the behaviour you want to change?

- The goal is to reduce the incidence of laundry pod poisoning in toddlers and children under the age of 6. Success will be a reduction in calls to the regional poison control centre and a reduction in the number of ER visits and hospitalizations of young children due to poisoning by laundry pods. Success will also be measured by the number of caregivers who are provided with the information about how to protect children from laundry pod poisoning.

Identify the risk and protective factors

- The main risk factor is the child’s access to laundry pods. Risk factors also include caregivers not understanding the dangers of laundry pods; there may be other adults in the home who do not maintain safe storage of the laundry pods; caregivers may be distracted and forget to put the pods away safely after shopping or after use; children are not able to assess the risk of ingesting the contents of laundry pods.
- The main protective factor is removing the laundry pods from the child’s sight and reach. The protective factors are consistent safe storage of the laundry pods. Another protective factor is using an alternative laundry detergent.
- Hint: You can use the information that you obtained through analyzing your target audience to fully consider the risk and protective factors.

Step Four

Part A: Identify prevention messages and strategies related to your issue.

Messages	Strategies
<p>Always keep laundry pods away from children’s reach and sight.</p> <p>If your child gets the liquid from a laundry pod in his mouth or eyes, call poison control right away.</p>	<ul style="list-style-type: none"> • Messages at grocery stores and on products; prevention information inserted into grocery bag • Posters at community gathering spots • Share story and prevention message on Facebook and ask parents to share the post • Information sessions for caregivers • Increased parent use of locked cabinets • Increased awareness of Poison Control Centre

Next, categorize the strategies as being at the individual, family, or community level.

Part B: Categorize the strategies as being at the individual, family, or community level.

Individual	Family	Community
<p>Attend information sessions about laundry pod safety.</p> <p>Learn how to properly store laundry pods in the home.</p> <p>Share Facebook post to your friends.</p> <p>Have the Poison Control number handy.</p>	<p>Attend an information session.</p> <p>Make sure every adult and older sibling in the family learns how to properly store laundry pods in the home.</p> <p>Have the Poison Control number handy.</p>	<p>Develop safety messages that can be used in the community, on Facebook, in newspapers.</p> <p>Put posters in grocery stores and laundromat.</p> <p>Engage the help of those who sell laundry pods to share the safety messages.</p> <p>Advertise the Poison Control number.</p> <p>Information sessions in public forums (i.e., library, schools, community buildings)</p>

Step Five

Consider the injury prevention 'E's using the strategies in Step 4.

- Education refers to providing information on how to prevent an injury.
- Engineering refers to changing the design of a product to reduce the likelihood of an injury.
- Environment refers to changing the physical or social environment to reduce hazards and risks.
- Enforcement refers to creating a policy or law that requires people to take an action that reduces the risk of injury or minimizes its effect.
- Economics refers to financial benefits and/or financial penalties.

Examples of the Injury Prevention 'E's			
Education	Environment/Engineering	Enforcement	Economics
<ul style="list-style-type: none"> • Awareness posters and public service announcements • Information sessions for caregivers • Educate parents about the proper storage of all poisons and the definition of child resistant containers • Educate children about all poisons (not just pills) 	<ul style="list-style-type: none"> • Make sure all poisonous material, including laundry pods, are locked up and out of sight of children • Use alternative laundry detergent (liquid or powder) • The manufacturer should be encouraged to redesign laundry pods so they are not attractive to children 	<ul style="list-style-type: none"> • Make sure all adults and older siblings recognize and act on their responsibility to keep poisons away from young children • Encourage enforcement of packaging standards for companies who manufacture pods 	<ul style="list-style-type: none"> • Provide coupons for safety latches with product purchase • Insurance companies could be encouraged to provide a discount on home insurance if all poisonous material is locked up

Also identify the resources needed and whether or not they are readily available. In addition, note the current and potential partnerships:

- Resources could mean the materials needed, the staff time needed, and funding needed to deliver the program.
- Partnerships include the other organizations and individuals in the community that should be involved in the program to ensure its success.

Resources	Partnerships
<ul style="list-style-type: none"> • Health professionals (to provide accuracy of messaging about laundry pod poisoning) • Educators (to help design the messages) • Parents (to receive and help spread the messages) • Community agencies (to provide the guidance and direction for the initiative and how to reach the parents) • Local paper and radio station (to provide free news spots and airtime) • High school students (to help design posters, educate young children) • Existing educational resources (to avoid duplicating efforts) 	<ul style="list-style-type: none"> • Health centres • Schools • Non-government organizations • Daycares • Libraries • Urban or rural municipal governments • RCMP/Police • Media • Parents/caregivers • Retail stores

Part 6



Taking Action

Work plan and evaluation

Once you have identified the injury risk you want to address, it is time to continue to develop your program and evaluate the outcomes.

Step One – Goal and Objectives

Determine your goal.

What injury risk do you want to decrease? Example: The families of children in our community will store laundry pods safely.

Determine your objective(s).

The simplest way to develop your objectives is to answer these questions:

- What do you want to change? (Knowledge, behaviour, skill, the environment.)
- Who do you want to influence to make a change? (Who is your target audience?)
- In what direction do you want change to occur? (Increase or decrease?)
- How much of a change do you want? (Percentage of change or number of increases or decreases; e.g., number of families that have made the change in their home to make it safer; percentage of families in a particular program who have received the education about the issue.)
- How much time is required? (Over what period of time will you deliver your program? When will it begin? How often will it occur? When will it end?)

What are your objectives?

Write your objectives using your answers to the questions above. For example, in a certain period of time (i.e., weeks, months, at the end of the program), the target audience will increase/decrease by (% or number) its (knowledge, behaviour, skill, environment change). Objectives are written in such a way that the outcome can be measured for success.



- When?** – date or in number of sessions
- How many?** – percentage or real number
- Who?** – the target audience
- Where?** – in what program or community
- What?** – will learn what; will be able to do what
- What?** – what was learned will allow participants to make what change

Examples of measurable objectives:

“By June 30, 2018, every caregiver of children in the Small Fry Preschool will have received a 10 minute presentation on the risk associated with a child’s exposure to laundry pods.”

“By December 30, 2018, 75% of the caregivers of children in the Small Fry Preschool will be able to list five actions that they can take to decrease the risk of child poisoning from exposure to laundry pods.”

“By March 20, 2019, the Small Fry Preschool Poison Prevention Committee will have raised enough funds to provide every caregiver of children in the preschool with a free cupboard lock to lock up laundry pods in their homes.”

Step Two – Indicators

Determine success indicators: How you are going to measure the change to know whether the program was successful?

Success indicators are those things that, when measured, tell you whether or not the program was effective in bringing about the desired change.

Think about what types of information you are going to collect, and how you are going to collect this information, to show that the program was successful. The following are some examples of information you can collect:

- Observations of behaviour (in the community, at the program’s site)
- Self-reports (through surveys or caregivers telling you if/how they made change)
- Attendance at the program (e.g., number of attendees at each session)
- Increase in knowledge/skill through pre- and post-test

Depending on how you choose to measure your program’s success, you may need to develop simple surveys, assign someone the task of asking caregivers for feedback, design and deliver the pre- and post-tests, and record the results. Knowing the success of the program is important for improving the program in the future, showing funders the change that occurred, or using the information to attract future funding for similar initiatives.

Step Three – Partners

Identifying partners for success: Who needs to be involved to enable your program to be successful?

The earlier you involve partners in the process, the more likely your program will be able to achieve success. Consider the following questions to find partners:

- Who in your organization needs to approve the implementation, the staff, time, and other costs of the program (i.e., executive director, director, manager, president, board of directors)?
- Do key caregivers influence the likelihood of other caregivers becoming interested?
- Are there particular parents/families that influence others to become involved?
- Do certain community members need to be on board for the project to be successful? Depending on the safety issue, different individuals would need to be involved. For example, principal of a school, daycare director, different levels of government, local businesses, funders, fire and police community liaisons.
- Are there other agencies that are involved in similar work that may want to partner with you?

Step Four – Activities

Determine activities or action: What activities will the program include to accomplish this change?

Once you have identified your objectives and success indicators, and you have identified your partners, you need to determine the activities or actions that can help your program meet each objective. Be sure to include activities for at least 2 'E's (Education, Environment, Engineering, Enforcement, and Economics). The more 'E's you address through your program, the better your chance of having a successful program.

Some activities may focus on creating the buy-in you need to get the program started. Others may involve integrating learning opportunities into ongoing parenting programs or other types of programs.

Your objectives and activities can then be laid out in a project logic model format (see example later in this guide), or whatever template you currently use for program planning.

Step Five – Resources

Determine the resources needed for the program: What are they and where will you get them?

There are a variety of costs associated with injury prevention programs.

- Determine all the elements of your planned activities or actions and decide what resources and associated costs will be needed to carry them out (e.g., equipment, time, refreshments, and staffing).

If the costs associated with the activities are more than the budget allows, brainstorm possible solutions with others. Potential solutions may include corporate donors/sponsors and fundraising. For example, equipment costs can be a major barrier for many caregivers. Having caregivers involved in problem-solving to obtain the required equipment may have a positive impact on whether or not they use/install the equipment. The more dignity, respect, and control the caregivers feel, the more likely they are to follow through with changing their environment and behaviours.

How will costs be covered?

You may be able to find a local business willing to cover the costs associated with the program activities. You may also be able to partner with a related organization or agency to cost-share or fundraise to cover costs. Here are some examples:

Partners:

- Fire/Police/Emergency response department
- Local businesses
- Schools and community associations
- Other agencies in your local area or region/province
- Churches and charitable community clubs
- National or provincial injury prevention organizations

Funding sources:

- Grants (community grants, city grants, various charitable funds)
- Fundraising (car wash, bake sale, fun day in the park, steak night, talent show)

Note: If your program will be distributing injury prevention equipment, it is important to check with your insurance provider to ensure you have liability coverage. Check with your partners to see if anyone already has the insurance necessary and is willing to take on this risk for the program.

Step Six – Evaluation

Determine the measurement, outcomes, and indicators: What is the program evaluation plan?

Evaluation is necessary to determine if the activities were carried out as planned and if the program was successful. If you received a grant to finance your program, most often the funder will require an evaluation plan and report. Evaluation also helps you to:

- create the best possible programs
- learn from mistakes
- make changes as needed to improve a program
- record progress towards an objective
- judge the final outcomes of a program
- produce data for future use in grant proposals
- allow for sharing of best practices

When designing your evaluation, an important consideration is who requires the results. What information is going to be most useful? In your evaluation plan, focus on getting the right information to the right people, at the right time, and in the right format to support the decisions they need to make.

Types of evaluations

Evaluators use a professional vocabulary that may seem intimidating at first. This vocabulary includes terms for different kinds of evaluations. The different kinds of evaluations are related to the information a program wants to gather and the types of questions the program wants answered.

Type of Evaluation	Who will participate in this type of evaluation?	What questions does this type of evaluation address?	Questions to ask in this type of evaluation
Needs assessment	<ul style="list-style-type: none"> • Target audience • Staff of community organizations • Healthcare professionals • Committee organizing injury prevention program • Provincial data analysts 	What is needed to address gaps between current conditions and desired conditions?	<p>Q: Is there a need for a poison prevention program?</p> <p>A: <i>Yes, the provincial/national data indicated that poisoning is an issue for pre-school children.</i></p> <p>Q. <i>(to caregivers)</i> Do you know how to protect children from poisoning from laundry pods?</p> <p>A: <i>The majority of parents are unaware of how to protect children from this risk, so there is a need for information and other activities to decrease risk of poisoning.</i></p>
Developmental evaluation	<ul style="list-style-type: none"> • Target audience • Committee organizing injury prevention program • Community members 	<p>What needs to change and on what capacity can we build to achieve the desired outcomes?</p> <p><i>*This type of evaluation can be done at any point during the program planning or implementation to determine whether adaptation is needed.</i></p>	<p>Q: Is the current program addressing the needs of the intended target audience?</p> <p>A: <i>No, circumstances have changed since the program was first implemented and the type of information needed has changed.</i></p> <p>Q. Are our planned activities working as we hoped?</p> <p>A: <i>No, we have to change our approach if we want to engage with those resistant to changing safety practices.</i></p>
Best practice review	<ul style="list-style-type: none"> • Researcher or staff person with research/analytical skills 	What works? <i>(Search for available resources, identifying best practices.)</i>	<p>Q. What are the best practices for sharing poison prevention messages with caregivers?</p> <p>A: <i>Reviewing best practices and evaluated programs will help you identify what works in injury prevention.</i></p>

Process evaluation	<ul style="list-style-type: none"> • All stakeholders involved in the development and implementation of the program • Access to a research or evaluation specialist to analyze and report results is helpful; however, it is still worth asking the questions to ensure that the program planning and implementation are on track 	Is the program running as planned (<i>i.e., are the activities being carried out as planned</i>)?	<p>Q. Are the sessions being delivered as laid out in the program plan? <i>If not, the program plan may need to be adapted or staff may require further training.</i></p>
Formative evaluation	<ul style="list-style-type: none"> • Target audience of program • Stakeholders involved in the delivery of the program 	Is the program working as intended (<i>i.e., are the activities leading to the intended outcomes</i>)?	<p>Q. Is the intended audience receiving and understanding the message? <i>If the intended messages are not being received or understood, modifications should be made to the program (e.g., messages, materials, dissemination plan). Interviews or questionnaires can be used.</i></p>
Impact evaluation	<ul style="list-style-type: none"> • Target audience 	Is the program resulting in changes in the target audience's knowledge, attitudes, and beliefs?	<p>Q. Have the caregivers' knowledge, attitudes, and beliefs about issues related to poison prevention changed? <i>Use a pre/post-test to show any change.</i></p>
Outcome evaluation	<ul style="list-style-type: none"> • Target audience • All stakeholders involved with the program 	What has changed as a result of the program?	<p>Q. Has there been a change in caregivers' behaviours related to poison prevention (e.g., use of lock/lock boxes to store medications)? <i>Self-reports or observations of home visitors will provide evidence of behaviour change. Self-reports alone are not reliable as a measurement, as they may not be accurate.</i></p>

Note: Sometimes other factors will have an influence on outcomes. For instance, if there is a high-profile poisoning incident that is in the local news, caregivers may be influenced by that to change their behaviour. We cannot control these external influences; rather, we can only measure what we did to address the injury issue. We can acknowledge the external events and their potential influence in our evaluation report.

During the evaluation, you may identify:

- **Actions that are having no effect on reaching objectives.** These actions should be stopped. For example, the evaluation may show that a brochure developed for the program is too complicated for the target population. Therefore, it is not leading to increased knowledge and should be revised or replaced with something else.
- **Effective actions that can be continued or expanded.** For example, an evaluation may indicate that integrating injury discussions into other programs for caregivers has increased caregivers' knowledge about injury prevention.

Project logic model

A project logic model (or framework) is a tool that can be used during the planning, implementation, and evaluation of a project or program.

Example of project logic model:

Goal: to reduce the incidence of laundry pod poisoning in toddlers and children under the age of 6

Objective	Activities	Outputs (What has been produced)	Measurement Tool	Outcomes (What has changed)	Success Indicators/ Results
By June 30, 2018, every caregiver of children in the Small Fry Preschool will have received a 10 minute presentation on the risk associated with a child's exposure to laundry pods	<i>Create committee to oversee project</i>	<i>Committee formed and operational</i>	<i>Notes from meetings</i>	<i>Committee has undertaken all activities of the project</i>	<i>Program has been delivered to every caregiver of children in the Small Fry Preschool</i>
	Develop a 10 minute presentation on laundry pod poisoning based on the best evidence Determine who will present the messages to caregivers Share messages with parents at the time(s) decided upon	Poisoning prevention presentation is integrated into the parenting program schedule	Focus test messages with a small group of caregivers to ensure that they are clear and relevant Pre- and post-knowledge test	Caregivers more knowledgeable about childhood poisoning and how to prevent it	50% increase in knowledge is shown through pre- and post-test results

Part 7

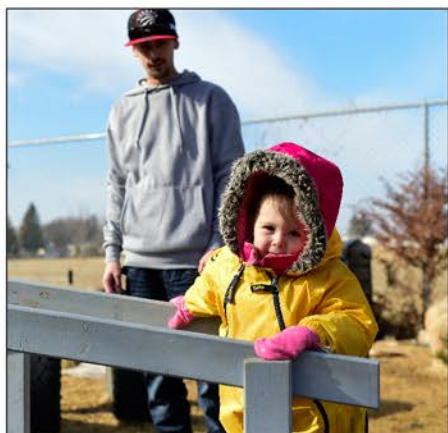


Influencing Public Policy Development

Defining injury prevention policy

A policy is something that guides our actions. Policies can be guidelines, rules, regulations, laws, principles, or directions. A policy states what is to be done, who is to do it, how it is to be done, and for (or to) whom it is to be done.

Policies occur at various levels – personal, organizational, and public.



Personal policies: Many caregivers have developed personal policies to keep their children safe (e.g., the use of cupboard locks to keep poisons and medications away from young children; bicycle helmets used on every ride by every member of the family).

Organizational policies: Organizations that work with children often have many policies that deal with the safety of children (e.g., an organization that has pick-up and drop-off policies to ensure children are not hit by vehicles; toys are inspected on a daily basis for wear and tear or breakage).

Public policy: Public policies are developed through a process that involves input from citizens, government staff, and elected officials. For example, the federal government regulates product safety responsibility. *The Consumer Product Safety Act* details the responsibilities of manufacturers in keeping children's products safe (e.g., cribs, high chairs, strollers, etc.). Provincial/territorial governments legislate transportation-related policies such as the requirement to use child passenger restraints or provincial roadway speeds. Municipalities develop policies for school-zone limits.

Why a policy may be the right approach for preventing injury

- If there is an effective solution to reduce injury risk, but not everyone will adopt it unless it is a policy (e.g., the use of booster seats), it is important to create an enforceable law for the protection of all children.
- There is an effective solution to reduce injury risk, but it involves changes to a product to make it safer. Manufacturers may be reluctant to incur the extra costs to make a safer product unless they are forced to do so by law (e.g., the development of child resistant packaging for poisons; banning baby walkers).

Steps to take to influence public policy development

You can have an impact on policy development if you present ideas and evidence clearly, and are prepared with effective and practical solutions.

Step One – Framing the issue

The more you know about the issue that is of concern to you and the clearer you are about what you want to achieve, the more effectively you will be able to make your case. You must present your issue with statistics, information, and stories that show:

- how many people are affected
- how broad the impact is (e.g., the impact on health services, personal health and well-being, the economy)
- how long the issue has been a concern, and what will happen if it is not addressed by public policy

Where to get your information

There are several places to find information on your issue:

1. **Caregivers:** Encourage the caregivers you work with to share their stories about the particular safety issue and/or injuries they are concerned about. Explore their current understanding of risks to their children from the particular injury issue, as well as how to minimize those risks.
2. **Media articles:** Search local, national, and international media for stories on your issue. Make sure that you have sources other than the media to support your argument. There are many sources of media and particularly, social media, that do not ensure accurate reporting of facts.
3. **Data:** Providing strong injury evidence is important to illustrate the impact of injuries. There are a variety of data sources that might be helpful for highlighting the importance of your issue. Please refer to the end of this guidebook for a list of injury prevention data sources.

Step Two – Identify and engage stakeholders and develop networks

Any argument is more persuasive if there are many voices supporting it. Broad support is particularly important when you are trying to get your issue on a politician's agenda. If you can convince a politician that he or she will please many voters by acting on your issue, you are more likely to convince the politician to consider the issue you are bringing forward. Building networks and involving groups and individuals who have a stake in the issue can bring that "bigger voice" forward. A united, consistent message from many sources can help to make sure the issue remains in the spotlight.

It is critical to have good partners in your policy planning process. Suggested allies include:

- Citizens – those affected by the issue (e.g., caregivers)
- Non-profit or volunteer organizations involved in the issue – local, regional, national, or international
- Business and industry – those that either sell/service the product (if a product is involved) or provide insurance for people against this injury issue
- University researchers working in this area or in other related child health issues
- Media – local media or individual journalists

- Government – departments (e.g., Health, Social Services, Transportation); working groups (e.g., interdepartmental group working on child health or injury); politicians (at all levels)
- Professional associations and organizations (e.g., the Medical Society/Association, the Nurses' Association, Teachers' Federation, the Public Health Association)

Step Three – Know the policy process

The public policy process is the process through which legislators or bureaucrats identify an issue and develop a public policy to address it.

Once a policy has been decided upon, many different methods are used to assist in the implementation of it. Examples are provided below.

- **Education:** To parents and caregivers about the correct installation of child passenger restraints
- **Legislation:** Child passenger restraints are mandatory by law
- **Regulation:** There are different types of seats and positioning (rear-facing, forward-facing) for various weights/heights/ages of children
- **Guidelines:** Agencies that offer children's programs have guidelines on how to transport children on outings
- **Standards:** Transport Canada sets standards for child passenger restraints that manufacturers must meet

Step Four – Take action

Policy change occurs when a number of factors come together at the right time, with the right people. You can set the stage by being aware of these factors and trying to bring as many as possible into play. Key factors include: providing supporting information (facts); acting when interest in the issue is high (timing); making sure that there is a good plan among the stakeholders for moving the issue forward (organization); and developing a clear message and agenda for action (communication).

Consider some of the following strategies for action to help you set the stage for successful policy change.

Start a dialogue in your community about the injury issue

- **Speak out.** Talk with people informally, wherever you happen to be, or formally, through meetings and organized discussions.
- **Form a group.** This group can hold public meetings or ask to speak at meetings of other community groups. The group could be positioned as an advisory group or steering committee for the policy you wish to influence.
- **Use the media to get a story on your issue in the news.** Meet with key groups and tailor the message to their interests; find a high profile partner. Create press releases, give interviews. Make sure not to allow yourself to get angry or pushed into saying something you will regret later. Take media skills training if it is available or research online how to best present your issue and story to the media.

Sit down and write

- Circulate a petition that contains a clear and concise request for action or policy, a brief explanation of why the request is being made, and ask for signatures of those in support.
- Write a letter to the editor of the local paper to raise an issue, applaud action on an issue, or recommend a particular action on an issue.
- Write a letter to policymakers to support what they are doing, to say that you don't like what they are doing, to thank them for supporting your view, or to encourage them to take action on an issue. Follow up on your letter via email or telephone call.

Meet with decision makers

- Develop and make a presentation to key stakeholder groups, such as the Chamber of Commerce, the Medical Society/Association, health organizations, organizations that serve children (e.g., early childhood associations, church groups, town council). Keep in mind why you are presenting to this group. Is it to inform them of something? Is it to persuade them to do something?
- Sit down with policymakers and politicians and during the meeting, quickly and clearly make your point memorable. Meetings with politicians or senior public servants are often short – approximately 30 minutes. You want the politician to remember you and support your issue. Plan, organize, and prepare well for your meeting. What result do you want from your meeting? Your goals should be to make your point and to make an ally. After the meeting, follow up with a letter.

Note: *Build good working relationships with politicians, public servants, local leaders/champions in your community, the media, policymakers, researchers, health professionals, and people in the organizations who are concerned with injury prevention. Be honest, calm, polite, and fair. Try to see the issue from the other side. You will be able to make your points more effectively if you understand different positions. It is very effective if you can say, "we would like to work with you to solve this problem together". Be well informed; be helpful. Take the long view, and celebrate your small successes.*

Steps to influence public policy development example

Case study: Booster seat legislation

In the 1970s, there were efforts across much of Canada to pass legislation to protect people in motor vehicles. On July 1, 1977, it became the law in Saskatchewan that all passengers over the age of 16 would use seatbelts. It was recognized that children under the age of 16 were at risk in the event of a crash. The first seats available for children did not protect them, but merely raised them up so that their parents could see them in the rear-view mirror and the children could see out the windows. The engineering of car seats that would be effective in protecting children didn't begin until the 1960s and none were on the market and available widely until the 1980s. Car seat design improved and parents began using seats, prior to legislation, because they knew their children would be safer in the event of a crash. By October 1, 2000, forward-facing and rear-facing car seats were legislated in Saskatchewan. At that point, the only passengers who were not protected by law were those children who needed to be in booster seats.

The booster seat is designed to raise children into a position that allows the vehicle's seatbelt to fit them correctly. The seatbelt must go across the bony structures of the skeleton – the upper part of the pelvic bones and the clavicle. If the seatbelt does not fit across those parts of the skeleton, the risk is that the seatbelt will cause damage to the spine and internal organs. Many children move out of the forward-facing car seat directly into the seatbelt, placing them at risk for severe injury in a crash. The injuries to children's spines and internal organs after being restrained by a seatbelt too early became so common that they even have a name: "seatbelt syndrome".

Before booster seat legislation, much work was done to encourage the use of booster seats. In order to protect children, education was provided to parents to ensure that they had the necessary information to help them understand why a booster seat was important. Booster seat design advanced and parents were able to choose from a wide variety of models that met the need of the child and fit in the vehicle well. Child passenger safety technicians were trained and assisted parents and caregivers in the correct installation and use of car seats. Letters of encouragement were sent to the Minister responsible for SGI from a variety of organizations, to advocate for the legislation of booster seats in Saskatchewan. In March 2013, the Government of Saskatchewan established the Special Committee on Traffic Safety with the goal of improving traffic safety and reducing fatalities. Oral and written presentations to the Special Committee recommended mandating the use of booster seats and the Committee made the following recommendation: *Your committee recommends booster seats be mandatory for children less than 145 cm in height and 36 kg in weight* (Special Committee on Traffic Safety, 2013, p. 37, retrieved from <http://www.legassembly.sk.ca/legislative-business/legislative-committees/traffic-safety/the-special-committee-on-traffic-safety-final-report>). By June 27, 2014, booster seats were mandatory for children under the age of 7 in Saskatchewan. While the legislation is not ideal, (to be truly protective, the legislation should be based on the height and weight of the child), it was a very positive and protective step.

The following factors all combined to result in a change in the legislation:

- Many parents already putting their children in booster seats
- The wide availability of booster seats
- Individuals and organizations providing education to parents and caregivers
- The scientific evidence that booster seats protected children
- The call from organizations and individuals for legislation of booster seats
- The establishment by the Government of Saskatchewan of the Special Traffic Committee

The job of traffic safety specialists, health educators, and others is to continue to ensure that parents understand the importance of keeping children in the most protective car seat as long as possible.

Note about advocacy: Agencies need to be aware of the advocacy/lobbying regulations in Canada and Saskatchewan and ensure that they are meeting the Lobbying Registration Act (Canada) or the Lobbyists Act (Saskatchewan). For more information, please visit the Office of the Commissioner of Lobbying of Canada (<https://www.lobbycanada.gc.ca>) or the Office of the Registrar of Saskatchewan (<https://www.sasklobbyistregistry.ca/>).

Part 8



Tools for Developing Your Own Injury Prevention Program

This section is intended to be used as a practice area to develop an injury prevention program. Please photocopy, write in, re-use, and share the following templates.

1. Haddon's Matrix – Worksheet

Haddon's Matrix			
	Host (person injured)	Agent (object transferring energy)	Environment (physical and social)
Pre-event (Before the injury)			
Event (At the time of the injury)			
Post-event (After the injury)			

2. Program Planning – Worksheet

Step One

Identify an injury issue in your community that is relevant to your area of work and/or a community need.

Name the injury issue: _____

Step Two

Define the problem.

Who is being injured? (i.e., host)

When do the injuries happen?

What are the circumstances leading to the injury?

Where are the injuries happening? (i.e., environment)

How and why are the injuries happening? (i.e., agent)

Step Three

Identify the risk and protective factors related to your identified injury issue.

- Risk factors are the risk-taking nature of the child and parents, lack of understanding of child development on the part of caregivers, lack of knowledge and use of safety equipment, the negative social determinants of health affecting the child/caregivers, and the hazards that are in the environment that can lead to a child being injured.
- Protective factors are the positive social determinants of health, appropriate supervision, resiliency, skill development, and training that can lessen the possibility of injury.

Tip: Consider the impact of the social determinants of health.

What are the risk factors influencing the injury issue?	What are the protective factors influencing the injury issue?

Step Four

Identify the prevention messages and strategies related to your identified injury issue.

Categorize the injury issue messages and strategies as being directed at the individual, family, or community.

Tip: Adopt a comprehensive approach that combines multiple strategies.

What messages can be shared to help educate about the injury issue?	Individual, family, or community?	What strategies can be put in place to help prevent the injury issue?	Individual, family, or community?

Step Five

Consider the Injury Prevention 'E's using the messages and strategies in step four. Are the messages and strategies meeting more than one category? More success will be attained if the injury prevention plan crosses a number of categories. Plot the messages and strategies within the table below.

Education	Environment	Engineering	Enforcement	Economics

Step five continued: Also identify the resources you need and whether or not they are readily available. In addition, note the current and potential partnerships.

- Involve the right people – the population you are trying to help, communities, governments, leaders, policymakers, professionals, and experts (those who know the most about the issue you are trying to address may not necessarily be those you first consider).
- Work collaboratively in partnership with others who can make change happen.

Available Resources	Resources Needed	Current Partnerships	Potential Partnerships

3. Project Logic Model – Worksheet

Objective: You can have more than one objective. **Activities:** You can have multiple activities per objective. **Outputs:** Refer to the items produced, including presentations, materials and resources, and events. **Outcomes:** Refer to changes in awareness, knowledge, attitudes, and behaviours. **Success Indicators:** Refer to how effectively the program is meeting its objectives. Here are some common success indicators: number of times an app has been downloaded, results from pre- and post-questionnaires, number of people using car seats after a car seat presentation.

Project Goal: _____

Objective (What are the objectives?)	Activities (What actions will be taken to meet each objective?)	Outputs (What has been produced?)	Measurement (Example: feedback, outcome evaluation, surveys)	Outcomes (What has changed?)	Results (How do you know things have changed?)

4. Evaluation – Worksheet

Using the information about evaluation that was provided in this guide, plan how you will evaluate your injury prevention initiative.

Components of Initiative	What type of evaluation will you use for the various components of your initiative?	What question(s) will you ask? Who will you ask?	How will asking this question(s) help to develop or refine your injury prevention initiative?

5. Influencing Public Policy – Worksheet

Step One

Frame the issue by answering the following questions

1. What is the extent of the issue/problem?
2. Why is it an issue/problem?
3. What has contributed to the development of the issue/problem?
4. How long has it been an issue/problem?
5. What has been done to try and resolve the issue/problem in the past? Are there policies that specifically target this issue/problem?
6. What could happen if this issue/problem is not dealt with?
7. What needs to be done about it?
8. What is your goal?
9. Who else thinks this is an issue/problem?
10. Who might support you or have similar perspectives on this issue/problem?
11. Who might oppose, object, or have a different perspective on this issue/problem?

Step Two

Identify and engage stakeholders and develop networks

1. Who are your potential partners on this issue/problem?
2. Who has been, or is now, involved in similar issues/problems?
3. Who is going to benefit from, or be affected by, this issue/problem (e.g., single parents, those with low income, etc.)?
4. Who are the key stakeholders, in government and in the community, for this issue/problem?

Step Three

Know the policy process and public policymakers

1. Which level of government is involved in the issue/problem?
2. What government departments are involved or have something at stake?
3. Which elected officials are involved, and where do they stand on the issue/problem?
4. What are the possible policy tools you could use to address the issue/problem?
5. Consider the following points regarding your injury prevention initiative. Can you say “yes” this is true for the injury prevention initiative you are considering?

Sources of supporting information to help influence public policy

- Important research supports your plan
- Recent reports and documents are available on the issue
- Examples of successful policies or guidelines have been found

Timing the influence of public policy

- There is interest in the issue from person in authority
- There is political opportunity (election, public hearing, etc.)
- Enough people perceive the issue as a crisis
- There is general consensus that change is needed
- People have started talking about the issue

Bringing people together about the issue

- There are links between stakeholders
- Positive connections have formed between interested groups
- Influential group is involved
- Interested groups have motivation and energy
- Interested groups are open-minded and flexible

Common message is developed to influence public policy

- Agenda for change is clear
- Messages are clear
- Issue can be presented as a story (this helps promote interest and makes the issue relatable)

Action Plan

You can use the template below to help you break your public policy plan into smaller, manageable components.

Issue		
Goal		
Partners		
First Step		
Action Planned		
Tasks and Person Responsible	Resources and Support, Completion Date	
Second Step		
Action Planned		
Tasks and Person Responsible	Resources and Support, Completion Date	
Third Step		
Action Planned		
Tasks and Person Responsible	Resources and Support, Completion Date	

Organizations and resources to help with program development

PROVINCIAL

Acquired Brain Injury (ABI) Education and Prevention Program

<http://www.abipartnership.sk.ca/html/abi-education-prevention/index.cfm>

The Acquired Brain Injury Education & Prevention Coordinators assist communities to develop, coordinate, facilitate, and evaluate education and injury prevention initiatives.

Saskatchewan Prevention Institute

www.skprevention.ca

The Saskatchewan Prevention Institute works in child injury prevention and is available to assist communities in developing local projects to address a particular injury concern.

Saskatchewan Red Cross

<http://www.redcross.ca/in-your-community/saskatchewan>

The Red Cross provides swimming lessons and first aid and CPR training.

SGI Traffic Safety

<https://www.sgi.sk.ca/about/responsibility/trafficsafety/index.html>

The goal of SGI Traffic Safety is to prevent deaths, serious injuries, and property damage due to traffic collisions. The program provides sponsorship and partners with others throughout the province and within communities to increase traffic safety education.

Saskatchewan Safety Council

<http://www.sasksafety.org/>

The Saskatchewan Safety Council (1955) helps ensure that people can make informed decisions about their safety. They are a source for safety resources and training.

Safe Saskatchewan

<http://safesask.com/>

Safe Saskatchewan aims to raise awareness of the unintentional injury epidemic in Saskatchewan, coordinate provincial injury prevention initiatives, and support all organizations and programs undertaking injury prevention in our Saskatchewan community.

NATIONAL

Parachute Canada

www.parachutecanada.org

Parachute Canada is a national, charitable organization dedicated to preventing injuries and saving lives. The website provides detailed information about a variety of injury causes, as well as information about programs, policy, and knowledge translation.

Public Health Agency of Canada, Canadian Best Practices Portal

cbpp-pcpe.phac-aspc.gc.ca/interventions/

The Portal provides trusted and credible information to health professionals and public health decision-makers. It provides links to resources for planning programs that promote health and prevent diseases for populations and communities.

OTHER WESTERN CANADIAN PROVINCES

A Million Messages

<http://www.albertahealthservices.ca/injprev/Page7607.aspx>

A Million Messages (AMM) standardizes the child injury prevention messages given to parents and caregivers. AMM was created for use during postpartum home visits and well child clinic visits.

British Columbia Injury Research and Prevention Unit

<http://www.injuryresearch.bc.ca/>

BCIRPU is a leader in the development and evaluation of evidence-based prevention strategies, and maintains a solid reputation among provincial, national, and international injury prevention communities.

Injury Prevention Centre, University of Alberta

<http://injurypreventioncentre.ca/>

The Injury Prevention Centre supports communities and decision-makers with knowledge and tools and raises the profile of preventing injuries as an important component of life-long health and wellness.

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